

**WEST VIRGINIA DEPARTMENT OF TRANSPORTATION  
EQUAL EMPLOYMENT OPPORTUNITY DIVISION**

**TITLE VI  
COMPLAINT FORM**

If this allegation is in regards to employment discrimination, please contact one of the following agencies:

WV Human Rights Commission  
1321 Plaza East Room 108A  
Charleston, WV 25301-1406  
(304) 558-2616  
(888)676-5546  
(304)558-0085 Fax

Equal Employment Opportunity Commission  
William S. Moorhead Federal Building  
1000 Liberty Ave. Suite 1112  
Pittsburgh, PA 15222  
(800)669-4000

Which of the following best describes why you believe you were discriminated against or harassed? ☐ Age (40 & Above) ☐ Race ☐ Color ☐ Disability ☐ National Origin  
☐ Sex

**Complainant's Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number : \_\_\_\_\_ Work Telephone Number : \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

**Person(s) discriminated against if different from above:**

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number : \_\_\_\_\_ Work Telephone Number : \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

Name of agency, department or program that you believe discriminated against you:

Agency or Department: \_\_\_\_\_

Name of Individual(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number : \_\_\_\_\_ Work Telephone Number : \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper if necessary):

List the names and contact information of persons who may have knowledge of the alleged discrimination:

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? If so, please list in which agencies and courts you have filed this complaint:

